

HEALTH INFORMATION TECHNOLOGY BLUE RIBBON TASK FORCE MEETING MINUTES

October 9, 2009

9:00 am

**Grant Sawyer State Office Building
555 East Washington Avenue, Room 4401
Las Vegas, NV 89101**

**Legislative Building
410 South Carson Street, Room 2134
Carson City, NV 89701**

TASK FORCE MEMBERS PRESENT:

Las Vegas:

Dr. Raymond Rawson, Chairman
Marc Bennett
Bobbette Bond
Chris Bosse
Tom Chase
Robert Dornberger
Charles "Chuck" Duarte
Tracey Green, MD
Rick Hsu
Maurizio Trevisan, MD

Carson City:

Leslie Johnstone
Scott Kipper
Stephen Loos, MD

TASK FORCE MEMBERS EXCUSED:

Brian Brannman
Robert Schaich
Glenn Trowbridge

DEPARTMENT OF HEALTH AND HUMAN SERVICES STAFF PRESENT:

Cynthia Pyzel, Assistant Chief, Bureau of Public Affairs, Office of the Attorney General
Lynn O'Mara, Health Information Technology Project Manager, Director's Office
Laura Hale, Management Analyst IV, Director's Office
Ernesto Hernandez, IT Manager III, Office of Informatics and Technology, State Health Division
Theresa Presley, IT Professional II, Office of Informatics and Technology, State Health Division
Joyce Miller, Administrative Assistant, Director's Office

ADDITIONAL TESTIMONY PRESENTED BY:

Chris Henkenius, Bass & Associates
Linda Jirka, Bass & Associates

OTHERS PRESENT:

Jack Kim, United Healthcare Services, Inc. – representing Robert Schaich
Ernie McKinley, University Medical Center of Southern Nevada – representing Brian Brannman
Charles Harvey, ARRA Director, Office of the Governor
Burlin H. Ackles III, MD
Debra Huber, RN, HealthInsight
Linda Robinson, Quest
Valerie M. Rosalin, RN, Governor's Office for Consumer Health Assistance
Caroline Ford, University of Nevada School of Medicine
John Goetz, University of Nevada School of Medicine
Leonard Hamer

Dr. Raymond Rawson, Chairman, called the meeting to order at 9:01 a.m. He indicated that the meeting was properly posted at the locations listed on the agenda in accordance with Nevada Open Meeting Law.

1. Roll Call

Joyce Miller, Administrative Assistant, Director's Office, Department of Health and Human Services, called roll and stated that a quorum was present.

2. Introductory Remarks and Introduction of Task Force Members

Dr. Rawson requested that the Task Force members introduce themselves, including their professional affiliation and role on the Task Force.

Marc Bennett stated that he was the CEO of HealthInsight, the Quality Improvement Organization for the states of Nevada and Utah, as well as the "Charter Value Exchange" for both states. He commented that HealthInsight had been working with health information technology for last decade, and had helped more than 200 practices in Nevada and Utah adopt and begin using electronic medical records. Mr. Bennett explained that the Charter Value Exchange was the Health Information Technology Regional Extension Center.

Bobbette Bond explained that she was the Executive Director of the Nevada Health Care Policy Group and also represented the Health Services Coalition which has approximately 300,000 members in southern Nevada. She stated that her groups were interested in promoting continuity of care and increasing health care services and access in southern Nevada.

Chris Bosse introduced herself as the Vice President of Government Relations for Renown Health, a private not-for-profit fully integrated health system in Reno, Nevada. She said that Renown was currently implementing electronic medical records across its systems and providers, and as an organization was very interested in many of the components that Bobbette Bond had mentioned. Ms. Bosse also commented that Renown was are very interested in assuring that the state is ready for "Health Information Exchange".

Ernie McKinley stated that he was the CIO of UMC Southern Nevada, and was representing task force member Brian Brannman. He stated that UMC was there to help build this HIE infrastructure and share information.

Tom Chase introduced himself as the Chief Executive Officer of Nevada Health Centers, the largest of the two health centers in Nevada. He stated that Nevada Health Centers operated 33 sites around Nevada, with 12 rural sites and urban sites in Clark County. In 2008 and 2009, the organization has been working to fully implement an electronic medical record system sometime in the next 11 months.

Rob Dornberger explained that he was the Vice President of Information Technology for Scolari's Food and Drug Company, a chain of full service grocery stores located in Northern Nevada. He commented that he has been extensively involved in the company's pharmacy systems, and was asked by the Retailers Association to represent the retailers.

Chuck Duarte stated that he was the Administrator for Medicaid and Nevada Check Up, both of which provide acute medical and long term care services for those recipients. He explained that the state Medicaid office had a strong interest in health information technology for a variety of reasons, many of which were very similar to the reasons that Bobbette Bond and Chris Bosse talked about. Beyond that there are federal grant funds that Nevada Medicaid needs to be able to support and distribute specifically for Medicaid providers, in order to help them to purchase and operate health information technology and electronic medical records. In order to do that, Medicaid is very interested in developing its own health information exchange.

Dr. Tracy Green introduced herself as the State Health Officer, and being with the Nevada State Health Division. She stated that she was a family physician by practice, and worked with EMRs on the practice level and looked forward in doing so on a statewide level.

Rick Hsu explained that he was with the law firm of Maupin, Cox and Legoy, and was asked to serve on the task force. He stated that he had been involved in setting government regulations and interpreting state law, etc., was hoping to draw on that experience to contribute to the task force.

Leslie Johnstone stated that she was the Executive Officer for the State Public Employee Benefits Program, which had approximately 45,000 active state employees from the university and state, and non-state retirees that the program provided benefits for.

Scott Kipper introduced himself as the State Insurance Commissioner in charge of the Division of Insurance, which is housed in the Department of Business and Industry. As Chief Insurance Regulator, he stated his interest was to make sure that the Insurance Division could facilitate, as much as possible, the use of Health Information Technology among those whom it oversaw.

Dr. Stephen Loos stated that he was a radiologist in Carson City, practicing at Great Basin Imaging, a full service imaging center. He commented that Great Basin imaging had basically gone to a completely “paperless” system, and that the center was heavily IT-based. Dr. Loos stated that he represented the clinical side of health IT, and that it would really help benefit all providers to have a health information exchange, as it would make patient care, decision making and diagnosis a lot easier.

Jack Kim explained that he was representing Robert Schaich, Vice President of Information Systems and CIO of Sierra Health Services, part of United Healthcare. He stated that Sierra Health currently had several clinics which had implemented electronic medical records and had gone completely “paperless”, as well as the Southwest Medical Associates medical group.

Dr. Maurizio Trevisan introduced himself as a physician by training with public health interests and as the Executive Vice Chancellor of Health Sciences System in the Nevada System of Higher Education.

Cindy Pyzel stated that she was the Assistant Chief of the Bureau of Public Affairs in the Attorney General’s Office, which included the Department of Business and Licensing and the state Division of Insurance. She commented that her primary focus has always been the Department of Health and Human Services, which she had represented for 25 years.

Ms. O’Mara acknowledged Laura Hale and Shawna DeRousse from the Directors Office, in Carson City, for their assistance with this meeting.

Dr. Rawson continued by stating the Task Force will be responsible for adopting Bylaws, which was on the agenda for later in the meeting. He stated that the meeting agenda included a presentation on conflict of interest and the members would be asked to complete and sign a disclosure statement.

According to Dr. Rawson, the goal of the Task Force would be the establishment of a statewide health information exchange that meets federal requirements, and the meeting schedule would be discussed later during the meeting. He explained that Nevada would first have to develop a strategic plan that will be the foundation for implementing the exchange, and the Task Force will play an important role in getting the plan implemented. Dr. Rawson reminded the Task Force that per the Governor’s Executive Order, a preliminary report from the Task Force was due at the end of April.

Dr. Rawson commented that as chairman and facilitator of the Task Force, he would keep the dialog and the members moving in the right direction. He stated that the work of the Task Force was going to be important work for the state.

3. Procedural Information and Announcements

Ms. O'Mara, provided procedural information to the Task Force. She stated that there was no stipend for serving on the task force, nor were there any "host" funds for meetings. Ms. O'Mara reported that there were some travel funds available, and that there would be at least two task force sites available for each meeting, in Las Vegas and in Carson City or Reno, that would be videoconferenced. She explained that the establishment of health information exchange in Nevada would be a four-year effort, and that the next 608 months were critical for developing the state's strategic and operational plans. Ms. O'Mara went on to discuss the importance of completing and returning the mandatory Oath form to the Governor's Office, and completing and returning the required Disclosure Statement and Sexual Harassment and Discrimination Policy Acknowledgement to the DHHS Director's Office. She then proceeded to review the background information provided to the members in their binders, explaining the relevance of each section.

4. Educational Presentation – Nevada Open Meeting Law and Conflicts of Interest

Ms. Pyzel provided an overview of Nevada Open Meeting Law, referencing NRS Chapter 241. She explained that the Task Force could only take action on those agenda items marked with an asterisk (*), that such actions needed to be taken only during a properly public-noticed meeting, that those actions could only be taken if a quorum was present, and that it was best not to discuss Task Force business in public, particularly if a quorum was present. Dr. Rawson expressed concern regarding sharing information between Task Force members via email. Mr. Duarte cited how the PEBP Board handles email correspondence between members, and suggested that any and all email correspondence go through Ms. O'Mara or some other central staffer. Ms. Pyzel cautioned the group that it could still get out of hand. Ms. Pyzel reiterated about the social gatherings and Task Force business. She commented that while the members could gather socially, it would be best not to discuss any Task Force business.

Ms. Pyzel then went on to discuss Conflicts of Interest, which are very challenging and governed by NRS Chapter 281. She briefly explained the DHHS Director's Office policy regarding disclosure of conflicts of interest, particularly in the private sector. Ms. Pyzel reported that the Attorney General's Office was sponsoring two training sessions next month for new members of boards, commissions, etc. regarding open meeting law and conflicts of interest. Ms. O'Mara agreed to email an informational flyer to the members, within the next week.

Mr. Hsu stated that he has served on the Nevada Commission on Ethics for 8 years, and could offer assistance with ethics laws, disclosures and conflicts of interest issues. Dr. Rawson commented that it is not the disclosure that creates the problems; it is hidden disclosures that create the problem. Dr. Rawson stated that he believed in the intent or the spirit of the law, as well as the letter of the law, and that a good chairman will be perceptive of how a group of members feels on a matter for fair assessments. He further stated that he will never count votes before a vote is taken or to see where a committee stands as to whether or not an issue will receive an affirmative vote.

Ms. O'Mara reminded the members that the required Disclosure Form was included in the packet of information provided to them.

Dr. Rawson stated that with the current size of the Task Force, 9 members present would be the number required for a quorum. He further commented that if only 9 members were present, then consensus would be required to pass a motion. The same provisions of Open Meeting Law would also apply to any sub-committees of the task Force.

Ms. Bond requested clarification regarding how many members could have a conversation on matters pertaining to the business of the Task Force before it was considered a violation of Open Meeting Law. Ms. Pyzel stated that it could be up to 8, although she strongly encouraged against the practice.

5. Informational Item: Draft Bylaws for the Health Information Technology Blue Ribbon Task Force

Ms. O'Mara introduced a draft set of bylaws for the consideration of the Task Force members, commenting that the specific responsibilities of the Governor's Executive order had been incorporated into them. She also explained that the bylaws would be an action item on the agenda for the task Force's November meeting. Ms. Pyzel explained that the draft was based on templates used for various committees, boards and advisories throughout DHHS; included conflict of interest and quorum specifications; it was up to group to decide how they would conduct business; and the draft was a starting point for discussion.

Dr. Rawson drew attention to Section IV – Subsection B, regarding voting privileges for alternate members representing Task Force members. He asked the members how they felt about the issue. Dr. Rawson went on to query the members as to whether they wanted representatives who could only participate in discussions or did they want these representatives to also have voting rights. Ms. Pyzel explained that the section was typically placed in bylaws to grant some flexibility, particularly when attendance requirements were included.

Dr. Rawson commented that it was too early to tell if there would be quorum issues for future meetings. He then asked the members to consider if they wanted to have replacements who also held voting rights or if they preferred to maintain their right to vote. Ms. Bond commented that she would not feel comfortable allowing a replacement to have her voting right. Mr. Duarte suggested proxy rights may be an option. Dr. Rawson was not in agreement and not comfortable with proxy rights, and asked that the issue be discussed at the next meeting. A typographical error was noted in Section IV – Subsection F, and Ms. O'Mara stated it would be corrected for the next meeting.

Dr. Rawson commented on Section IV – Subsection H, regarding termination of Task Force members. He stated that it is a non-issue, if the member informed the Chairman in advance that the member could not attend a meeting. Dr. Rawson stated that the subsection focused on members who did not have the courtesy to let the Task Force know when they would not be available to attend or no longer wished to participate, and he requested the members to bring their thoughts on the issue to the next meeting, when the bylaws will be an action item.

Dr. Rawson briefly reviewed Section V, and commented that a Vice Chair was included, in the event the Chair could not attend a meeting. He explained that once the bylaws were passed at the next meeting, then with the Task Force would need to elect the Vice Chair at that time.

Dr. Rawson commented that adopting bylaws can often “bog down” a group, and he hoped the Task Force could adopt theirs at the next meeting. Mr. Duarte suggested that all questions and comments regarding the bylaws be submitted to Ms. O'Mara, who could compile them for the Task Force. Dr. Rawson stated that it was a good idea to do that.

Ms. O'Mara informed the members that there were plans for the Task Force to have its own pages on the DHHS website. Postings would include meeting agendas, meeting minutes, meeting handouts, informational items, project updates, etc.

6. Educational Presentation: Overview of the HITECH Act and Nevada's HIT Strategic Plan

Mr. Duarte provided information to the Task Force contained in a handout entitled “The American Recovery and Reinvestment Act of 2009 (ARRA) – Health Information Technology for Economic and

Clinical Health (HITECH) Act.” He noted that there were funding streams that would support health information technology activities in four areas: clinical education, Medicaid, Medicare, and health information exchange. Mr. Duarte also stressed the importance of meaningful use, which refers to using health information technology in a meaningful way to improve patient care, patient safety, efficiency, etc., and having the ability to exchange health information about a patient which provides a comprehensive view for the physician. He commented that prior to ARRA HITECH funds becoming available, Nevada had no plans to implement health information exchange technology on statewide basis, and then continued with an explanation of Nevada Medicaid’s plans for health information technology implementation.

Ms. Bond inquired about the availability of assistance incentives. Mr. Duarte said that while they were under consideration, those types of incentives as well as disincentives were being reviewed. He explained that ARRA references enhanced payments for certain medical services, such as enhanced reimbursements for physicians using HIT technology for serving Medicaid and Medicare patients, although these could potentially be disincentives for some providers.

Mr. Kim asked if the payment incentive would be per provider or per physician group. Mr. Duarte said that he had no answer at this time.

Dr. Green asked if Mr. Duarte knew the number of Nevada physicians in hospitals who would qualify for such incentives, so the Task Force would have an idea of who was going to be able to actually going to use this funding. Mr. Duarte stated that it could only be a guess as to who are the large providers, until one could actually go into a practice and review their entire panel. Only then could one determine whether the Medicaid clients represents 20%, 30% or whatever the percentage may be. He explained that his division was exploring reclassifying a couple of positions who could be dedicated to auditing providers for this information, once the providers had self-disclosed it to Medicaid. Dr. Green then asked if this would be based on enrollment data of the total patient practice. Mr. Duarte stated that yes, although it would probably require on-site assessments.

Ms. Johnstone requested clarification regarding the incentives. Mr. Duarte commented that since these would come from separate funding streams and be regulated under separate federal guidance and oversight, he did not believe it would complicate the work of the Task Force.

Mr. Bennett inquired about Medicare incentives. Mr. Duarte explained how Medicare was building their HIT incentives, stressing that they were expected to be additive, and not exclusive.

Ms. Bosse asked if there was any possibility of challenging the national floors that have been set. Mr. Duarte stated that federal laws would have to be changed.

Ms. O’Mara first provided background information to the Task Force regarding the HITECH Act, followed by information contained in a handout entitled “Recommendations from the State Alliance for E-Health.” She explained that the members’ binders included the overview of the Health Information Technology Strategic Plan developed by the Office of the National Coordinator for Health Information Technology, also referred to as ONC. Ms. O’Mara cited that there were four pieces to the HIT puzzle: 1) Health Information Exchange, which is the focus of the Task Force; 2) HIT Regional Extension Centers; 3) Broadband capabilities; and 4) Workforce development. She stated that the Nevada Broadband Task Force had been established by Executive Order, and Todd Radtke, the Task Force Chair, had already agreed to provide this Task Force with an informational presentation during the November 2009 meeting of this group. Ms. O’Mara reported that HealthInsight would be doing the same, regarding the HIT Regional Extension Centers, and she was researching having a presentation covering workforce development for the December meeting of the Task Force. She then gave an overview of the National Governor’s Association State Alliance for E-Health, and reported that a key lesson learned by that group

was to be sure the public health and insurance were included from the beginning of the HIE process, as they were key stakeholders. Ms. O'Mara provided summaries of three recent reports from the State Alliance that were provided to the members and explained how they may serve as a foundation for the work of the Task Force.

Ms. Bond asked for clarification regarding unique personal identifiers, and whether or not this would be a federal action or left to the states to determine. Ms. O'Mara explained that she understood it to be a mandatory requirement that would be established at the federal level.

Dr. Trevisan commented that it would be important to have a broader perspective of the ratio between patients and their providers.

7. HITECH Priority Grants Program

Ms. O'Mara summarized the HITECH Grants Program, explaining that the Nevada Department of Health and Human Services was applying for funding from the ONC ARRA State Health Information Exchange Cooperative Agreement program. She then introduced Chris Henkenius and Linda Jirka, from Bass & Associates, Omaha, Nebraska, the contractor hired to assist with the preparation of the State HIE Cooperative Agreement application.

Mr. Henkenius provided information to the Task Force contained in a handout entitled "Bass & Associates: Community Betterment Through HIE." He gave a brief overview of Bass & Associates, including the firm's capabilities, the elements of HIE, and what Bass has identified as HIE success factors. Mr. Henkenius also shared Nebraska's experience developing and implementing statewide HIE, including its pilot program and development of proprietary elements.

Dr. Rawson asked if the state of Nebraska licensed the proprietary elements or if the Nebraska Health Information Initiative (NeHII) did. Mr. Henkenius stated that the NeHII board had many different discussions regarding the matter and no specific decision has yet been made. Dr. Rawson also asked if there were private organizations participating on the NeHII board. Mr. Henkenius replied that there were Class A and Class B level organizations, and explained the difference between the two.

Dr. Rawson inquired about manpower issues related to the implementation of Nebraska's HIE, and whether or not the state's community colleges or university system were involved with the necessary workforce training. Mr. Henkenius stated that the necessary manpower was a major issue for Nebraska's HIE implementation plan. He cited several success factors, with an emphasis on having visionary physician leaders, an effective NeHII board structure, taking an entrepreneurial approach and public-private collaboration, having accountability for achieving milestones, engaging stakeholders, garnering private funding, targeting employers, establishing lines of communication with government officials, utilizing pilot projects to test and evaluate various segments of the system.

Ms. O'Mara briefly explained her experience with regard to electronic chip design, and stressed the importance of having test points designed into a chip for ongoing evaluation. She stated that it will be equally important to design test and evaluation milestones into the strategic plan to ensure a successful implementation.

Ms. O'Mara then provided the Task Force with an overview of the State HIE Cooperative Agreement announcement, a copy of which was provided in the members' binders, and commented that the application was due October 16, 2009. She continued with a summary of Nevada's HIE cooperative agreement application, emphasizing that the purpose of the program was to facilitate and expand the secure electronic movement and use of health information according to nationally recognized standards. The focus of the program was centered on the development of the policy, governance, technical Infrastructure and business practices necessary to support Health Information Exchange statewide.

services. Ms. O'Mara reported that there were five domains required by ONC to be addressed by Nevada in developing and implementing a statewide HIE: Strategic Plan, Operational Plan for Implementation, Technical Infrastructure, Business and Technical Operations, and Legal and Policy Issues. She explained that there was two phases to the agreement. Phase I was the development of the strategic and operational plans, which were due for submission to ONC by mid-September 2010, and Phase II was the actual implementation of the statewide HIE, which must be completed by early 2014. The cooperative agreement is a four-year project that begins in January 2010. Ms. O'Mara commented that the first two years of the project will be the most intensive, as that is when most of the work needs to be completed and ONC expects most of the funding to be expended. She stated that the HIT Task Force would play a key role in the development of both plans, as well as the implementation of the statewide HIE.

Ms. O'Mara provided an overview of the budget portion of the cooperative agreement. She commented that the hiring of a consulting firm to help develop the Strategic and Operational Plans was built into the budget. Ms. O'Mara explained that when Nevada submitted its Letter of Intent to ONC, the HIE cooperative agreement formula was applied, and DHHS Director Mike Willden was notified that Nevada would receive funding in the amount of \$6,133,426 for planning and implementation. She noted that budget specifics were not available at the time of this meeting, and then provided the Task Force with the anticipated funding allocation, based on ONC guidance: 1). 10-12% for the planning phase; 2). 25-30% for salaries, Task Force activities, administrative support, travel, mandatory ONC meetings, operating expenses, etc.; and 3). the remaining 58-65% for the plan implementation. Ms. O'Mara stated that additional funding sources would be sought, and that many federal agencies would be releasing related ARRA funding for HIT, citing the Department of Labor, Department of Commerce, and the National Science Foundation as possibilities. She reported that when Nevada submits its Strategic and Operational Plans, it will also submit a revised, more detailed budget based on those plans. Ms. O'Mara pointed out that state funding matches will be required: 1). no funding match is required during the planning phase; 2). beginning October 1, 2010, the funding match is \$1 to \$10; 3). starting October 1, 2011, the required match will be \$1 to \$7; and 4). the final match of \$1 to \$3 begins October 1, 2012. Ms. O'Mara reiterated that ONC strongly recommends spending down the bulk of the cooperative agreement funding within the first two years.

Dr. Rawson queried Chris Henkenius regarding Nebraska's HIE implementation costs, and then noted that the cooperative agreement was the foundation for the work needed to be done by the Task Force, and that the Strategic and Operational Plans will need to be developed within the next 6-8 months. He further commented that part of the ARRA funds will be used for the planning process, and the rest for implementation. Dr. Rawson then stated that the Task Force would be voting during this meeting on the project and budget concepts for the HIE establishment, that Mr. Willden and his staff would be using Microsoft Office Project to track the progress of the work to be done, providing regular reports to the him and to the Task Force. He then stated that the Task Force would be voting during this meeting on the concept of the HIE and the proposed funding allocation, and commented that the establishment of the Task Force would strengthen the application and the process.

MOTION: Dr. Maurizio Trevisan motioned to accept the concept of the health information exchange that would be in compliance with federal requirements and the needs of Nevada.

SECOND: Marc Bennett

APPROVED/PASSED: UNANIMOUSLY

Dr. Rawson directed Ms. O'Mara to move forward with submission of the application and report back to the Task Force at the next meeting. He then asked for any public comments.

Ms. Ford requested that the Task Force take into consideration the veteran population and rural communities. Both have their own electronic medical records systems, and are also part of the general population which uses other health care services. She stated that she wanted to be sure the that integration

of how those two groups used EMRs and HIE were part of the state's plan Ms. Ford also stated that it was important to give special consideration to having education for providers regarding the usage of EMRs and HIE. Dr. Rawson commented that telemedicine, multiple practitioners, and lay or consumer participation was also considered.

Ms. Ford stated that the University's School of Medicine already operated a telemedicine system, with several sites and which was open to multiple practitioners to use for a variety of purposes. She explained that the school of medicine supported the backbone of the Nevada System of Higher Education, and that half a million digital images per year under tele-radiology alone went across the backbone. Ms. Ford commented that it was an overwhelming topic and the public needed to be included in the discussions, as part of the process, so the Task Force could better understand how EMRs and HIE were perceived in Nevada.

Ms. Bond asked if there was a remedy for reduced reimbursement or reduced granting. Ms. Ford stated that she was interested in whether or not the National Coordinator's Office was going to look at the workforce efficiency for Health Information Technology, which that would be important with the significant shortage of healthcare professionals and workforce in Nevada. She also commented that new and expanded training programs for the type of personnel needed would be a challenge in Nevada, given the current state of the economy. Ms. Ford expressed concern specified that the anticipated incentives would not be available for all physician practices to do medical record conversions, if the practices fell short of the requirement for serving a population that was minimally 30% Medicaid clients.

Mr. Duarte stated that the federal financing available for HIE planning and implementation was limited, and that as Nevada moved forward, the majority of dollars would most likely have to be used for developing the backbone of HIE. The funding would not be enough to cover the other unique pieces, nor the incentives for adoption that will be a required for a successful HIE. Mr. Duarte urged caution regarding the identification of priorities for those funds.

Mr. Henkenius outlined NeHII's disbursement of funds for its pilot projects. Ms. Jirka explained how the funding might be used for under-served rural communities, with respect to tele-training for rural communities.

Mr. Bennett reiterated that Nevada needed to keep the whole picture in mind, and recognize that while the HIE Cooperative Agreement application would not meet all of Nevada's requirements, there was a lot that could be accomplished with the funding. He stated that the Task Force needed to understand that while the 6 million dollars was critical to establishing the HIE, Nevada would need to leverage a much larger pool of resources and build an HIE infrastructure which that would allow the state to meet federal criteria and qualifications.

MOTION: Dr. Rawson restated the motion originally put forth by Dr. Trevisan, to move forward with the application concept as presented.

SECOND: Chuck Duarte

APPROVED/PASSED: UNANIMOUSLY

Ms. O'Mara asked Dr. Rawson if he would permit her to provide some clarifying information, and he agreed. She asked the task Force to keep two things in mind. The first was that, per the Task Force Executive Order, the state would leverage existing investments and infrastructure already in place. Secondly, there would be coordination with other key components, such as broadband, the regional extension centers and workforce development, which all play an important role in what needs to be accomplished.

Mr. Duarte commented that with regard to funding source limitations, the state would have the option of utilizing the Medicaid HIE as the statewide HIE backbone.

MOTION: Rick Hsu motioned to prepare a budget in accordance with the ONC guidelines.

SECOND: Chuck Duarte

APPROVED/PASSED: UNANIMOUSLY

8. Future Meetings

Dr. Raymond Rawson led the discussion regarding the proposed schedule of meetings through June 2010, and asked Task Force members about their preferences. He stated that future meetings would minimally be held in Carson City and Las Vegas, and videoconferenced. Ms. Johnstone stated a preference for Carson City. Dr. Rawson commented that for members who had an excused absence for the November 2009, it would be determined at that meeting if Task Force member representatives will have voting rights. He commented that all meetings were scheduled for the 2nd Friday of each month.

Dr. Green noted that she would be unavailable for the November meeting, as she was out of the country, and that she was also unavailable for the December meeting, as she had to attend the State Board of Health meeting that day.

Ms. O'Mara reported that Mr. Trowbridge was unavailable for the November meeting, as he also was out of the country. She stated that Mr. Trowbridge expected to attend the December meeting.

Dr. Rawson stated that the meeting schedule as presented would stand, unless there was a problem getting a quorum. He also asked the Task Force members to carefully review the proposed bylaws for discussion and adoption during the next meeting.

9. Public Comments

Dr. Rawson asked for any public comments. There were no further comments or discussion.

Dr. Rawson thanked the Task Force members for a very informative and successful first meeting, which he then adjourned at 12:30 p.m.